Docket No. 01/21631

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR FUNCTIONAL BRAIN MAPPING AND AN OXYGEN SATURATION DIFFERENCE MAP ALGORITHM FOR EFFECTING SAME

| the sp | pecification of which | | | |
|-------------------------------------|---|--|--|---------------------------------|
| \checkmark | is attached hereto. | | • | |
| | was filed on | as United States Application No. or | PCT | |
| | International Application Number _ | | | |
| | and was amended on | | | |
| | | and understand the contents of ended by any amendment referred to | | entified |
| known | | United States Patent and Trademan bility as defined in Title 37, Code | | |
| Sectio any P States patent | n 365(b) of any foreign application CT International application which , listed below and have also identif | inder Title 35, United States Code, (s) for patent or inventor's certificat designated at least one country led below, by checking the box, any ernational application having a filing | e, or Section 36 other than the oforeign applica | 55(a) of United Ition for |
| Prior I | Foreign Application(s) | | Priority Not Cl | aimed |
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| Numb | per) (Coun | try) (Day/Month/Y | 'ear Filed) | |
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| Numb | per) (Coun | try) (Day/Month/Y | 'ear Filed) | |
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| Numb | per) (Coun | try) (Day/Month/Y | 'ear Filed) | |
| orm PTO | -SB-01 (9-95) (Modified) Copyright 1994-95 Lega | Isoft PO2/REV02 Patent and Trademark Office | -U.S. DEPARTMENT OF | COMMERCE |

| application(s) listed below: | |
|------------------------------|-------------------|
| US 60/167,622 | November 26, 1999 |
| (Application Serial No.) | (Filing Date) |
| (Application Serial No.) | (Filing Date) |

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. Section 112. I acknowledge the duty to disclose to the United States Patent and Trademark Office all the information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Filing Date)

| US 09/711,521 | November 14, 2000 | Pending |
|--------------------------|-------------------|--|
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned) |
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned) |
| (Application Serial No.) | (Filing Date) | (Status) (patented, pending, abandoned) |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(Application Serial No.)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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